

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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11/11/11

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
PACOPAC	JAMES	C.	808 220-4121
MAILING ADDRESS (Street)			FAX
1908 SKYLINE DR			
(City)	(State)	(Zip Code)	
HON	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ CONSULTING, LLC			808 220-4121
MAILING ADDRESS (Street)			FAX
45-248 A PAHIKAWA PL.			
(City)	(State)	(Zip Code)	
KANELOHE	HI	96744	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Electricians Market Enhancement Political Fund		841 6169
MAILING ADDRESS (Street)		FAX
1935 Hau Street #300		847 4596
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Travis Umemoto		841 6169
MAILING ADDRESS (Street)		FAX
1935 Hau Street, #300		847 4596
(City)	(State)	(Zip Code)
Honolulu	HI	96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

☒ Science, Technology & Economic Development

Communications & Public Utilities

☒ Government Operations & Finance☒ Intergovernmental Relations, International Affairs

Tourism & Recreation

☒ Consumer Protection & Commerce

Hawaiian Affairs

☒ Labor & Employment☒ Transportation

Culture, Arts, Historic Preservation

Health

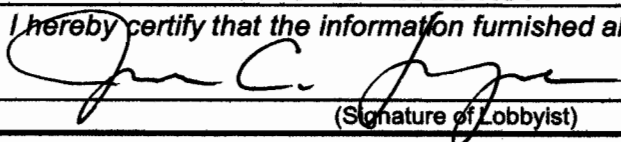
☒ Planning, Land & Water Use Management

Other: (indicate below)

☒ Ecology, Energy Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

2/16/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Peter Akamu, Trustee
Hawaii Electricians Market Enhancement Political Fund

NAME OF ORGANIZATION (if applicable)

1935 Hau Street #300

TELEPHONE

841 6169

MAILING ADDRESS (Street)

Honolulu, HI 96819

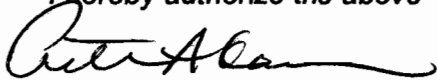
FAX

847 4596

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2/16/06

(Date)